

Recently, I attended a conference on children and young people's health outcomes for the purpose of updating my knowledge on a subject that has long been a practice, teaching and research interest. The optimistic tone of the rhetoric seemed at odds with the lived experience of those of us broadly associated with the 'coalface' of care. The opening speaker, representing NHS England, despatched an impressive array of statistics acknowledging the challenges of inequality and the gaps in appropriate services. A number of clinical toolkits were mentioned, including a product of the NHS Maternity Review: a new care bundle consisting of smoking cessation and improved fetal monitoring. However, no explanation was offered as to how this care bundle might be delivered when midwife retention and recruitment is in crisis ([Royal College of Midwives, 2016](#)).

A consultant psychiatrist made an inspiring speech on young people's mental health, lamenting the £17 billion cost of the failure of government to move proactively to prevent mental illness. Naming the causal link with poverty as 'the elephant in the room' this speaker was resigned to the fact that political short-term thinking meant that the outlook for meaningful long-term investment was bleak. The alternative plan tabled—that we should all sort it out together through joined-up thinking—was, for me, rather predictable. The 'we' implied were school nurses, teachers and that good old ambiguous corporate concept, 'community', being urged to raise awareness and address stigma while providing listening support. This rallying call to the community was all the more meaningless in the light of a later presentation by the head of public health in a London borough, who spoke with great enthusiasm about an innovative local school nurse programme to reduce child obesity. Any enthusiasm this contribution might have spread was stopped dead in its tracks when it transpired that school nursing in the same borough was likely to be decommissioned next year. It was cheering to hear of innovative practice but investment is needed for such practice to be sustained and shared.

In current health policy it is easy to confuse the term 'mandatory' with the term 'statutory'. A statutory healthcare package must under law be made available to the population. In contrast, any NHS trust may decline to engage with a 'mandatory' initiative on the grounds that it does not deem it a priority ([Coote and Penny, 2014](#)).

**'A virtual world model of health and social care provision is being constructed alongside the real world ... the reality in which services are being decimated and fiscal restraints result in decommissioning'**

A head teacher from a London academy proudly paraded the prominent place of emotional health and wellbeing in her academy's curriculum. Yet we are all aware that academy budgets are the envy of many poorer schools without delivering the educational outcomes promised ([Hasan, 2012](#)). Moreover, the extent to which emotional health, disembodied from its antecedents and developmental partners, can be taught is questionable. Emotional health develops from a stimulating yet stable and peaceful home and community environment where a child feels valued and his/her mental, emotional and physical needs are met ([Belsky and Cassidy, 1994](#); [MacMillan et al, 2009](#)).

The optimism of the panel was challenged by delegates on the basis of the choked mental health referral system ([Gilburt, 2015](#)), closing children's centres ([Walker, 2017](#)) and how Britain's record on child wellbeing compared poorly with that of other developed nations ([Adamson, 2013](#)). These concerns arise from austere measures built on the belief that economic prosperity is an end in itself. All the dissemination of best practice and inter-professional working in the world cannot reverse the effects of this when the ailing health of a country's children and youth is seen as an unavoidable price paid for balancing fiscal books.

In the light of my experience of this conference I draw a number of conclusions. A virtual world model of health and social care provision is being constructed alongside the real world. The virtual world is one of increased investment and evidence-based frameworks. Beyond all the proverbial pigs ready to fly, the real world model is the reality in which services are being decimated and fiscal restraints result in decommissioning. The resultant 'free for all' in which work silos compete for ad hoc funding will further increase health and social inequality and deprive children and young people of health and life chances. The value of the exciting work cited at the conference cannot be underestimated, but care bundles and public health pathways do not implement themselves.

Commenting on the Health and Social Care Act 2012, the largest and most expensive reorganisation of the NHS, [Ham et al \(2015\)](#) concluded that the changes resulting from reorganisation have already been damaging and distracting, taking time and attention away from the work needed to maintain recent improvements in health care. Yet increased investment in the health service is pointless when the social causes of ill health are ignored.

The most ghastly expense to the public purse of any 21st century nation is a population made sick by the stress and uncertainty of modern life. Employment, health care, housing and education have all become commodities instead of sources of security and opportunity. Children, young people and their families need more comprehensive investment than improved health care alone. Addressing these issues does not come cheaply but the morbidity and mortality arising from the alternative is much more expensive ([McGinnis et al, 2002](#)).

Current public health policy is focused on individual behaviour ([NHS England, 2014](#)). An integrated health and social care service can only be effective when it is matched by a public health policy sufficiently robust to restrain the excesses of the food industry ([Otero et al, 2015](#)) and sufficiently bold to pursue sources of renewable energy together with green space investment ([James Hutton Institute et al, 2014](#)). Application of best evidence must also be informed by local knowledge in the shape of a motivated rich skill mix of practitioners who are cared for as much as they themselves care. The virtual world of conferences needs to take its cue from the real world, not the other way around.

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